

## 2015 Health Premiums and Contributions

Effective 1/1/2015

### Non-Associated

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	432.60	432.60	0.00	0.00
	Two-Party	947.53	774.36	173.17	79.92
	Family	1,245.86	970.04	275.82	127.30
Blue Shield HMO	Single	632.00	440.76	191.24	88.26
	Two-Party	1,380.00	774.36	605.64	279.53
	Family	1,785.00	970.04	814.96	376.14
Blue Shield PPO	Single	681.00	550.48	130.52	60.24
	Two-Party	1,438.00	935.78	502.22	231.79
	Family	1,782.00	1,114.31	667.69	308.16
Delta Dental PPO	Single	58.00	45.02	12.98	5.99
	Two-Party	108.40	85.91	22.49	10.38
	Family	142.90	122.18	20.72	9.56
Delta Care HMO	Single	30.11	28.88	1.23	0.57
	Two-Party	51.19	49.10	2.09	0.96
	Family	78.29	75.10	3.19	1.47
VSP Vision	Single	25.12	0.00	25.12	11.59
	Two-Party	25.12	0.00	25.12	11.59
	Family	25.12	0.00	25.12	11.59

Medical Opt-Out: \$432.60 per month (or \$199.66 bi-wkly)